

VZCZCXR08214
OO RUEHBC RUEHDA RUEHDE RUEHIHL RUEHKUK
DE RUEHAM #2712/01 2661136
ZNR UUUUU ZZH
O 221136Z SEP 08
FM AMEMBASSY AMMAN
TO RUEHC/SECSTATE WASHDC IMMEDIATE 3566
INFO RUCNRAQ/IRAQ COLLECTIVE
RUEHGV/USMISSION GENEVA 0681

UNCLAS SECTION 01 OF 02 AMMAN 002712

SIPDIS

NEA/ELA, PRM/ANE

E.O. 12958: DECL: N/A

TAGS: [PREF](#) [EAID](#) [JO](#)

SUBJECT: JORDAN-- WORKSHOP FINDS MENTAL HEALTH SERVICES LACK COORDINATION/CAPACITY

¶1. Summary: On August 31, 2008, the Mental Health and Psychosocial working-group for Iraqis in Jordan met in Amman under the chairmanship of Save the Children and International Medical Corps (IMC). The workshop examined case studies and reaffirmed the findings of previous meetings. The participants agreed that actors in the sector should better coordinate activities; that organizations should work from a uniform set of guidelines; and that NGOs should work to strengthen mental health service capacity in Jordan. End summary.

Workshop Identifies Need/Gaps

¶2. IMC facilitated a workshop in Amman for 20 organizations and the Ministry of Health to discuss the mental health and psychosocial sector in Jordan. Although national mental health capacity was the topic of the workshop, participants emphasized the needs of Iraqi refugees inside Jordan.

¶3. Workshop participants examined and discussed current cases of Iraqi refugees in need of some level of psychosocial assistance. In each of the six case studies presented, there were two recurring themes: 1) NGOs lack current information on service providers, limiting their ability to refer patients/clients; 2) Specialized clinical mental-health care is rare and expensive in Jordan.

¶4. Organizations agreed that Iraqi refugees need various levels of psychosocial care. Medical staff reported needs that ranged from counseling for children as they adjust to refugee status, to clinical care for the chronically mental ill who arrive in Jordan with pre-existing conditions.

¶5. Jordanian organizations expressed the concern that mental health professionals are few, and overtaxed. Private healthcare is prohibitively expensive for refugees. Providers said that national capacity could not absorb an influx of thousands of new patients with conflict- and displacement-related mental health concerns. WHO and others made an appeal for training and equipment for national public health workers, so that they could meet the growing demand placed on the public structures by Iraqi refugees.

¶6. Services that were available to Iraqis were not well coordinated, or publicized, according to experienced observers among the participants. Organizations like Save The Children and UNICEF, who operate information hotlines, could not refer clients to other service providers because they lacked accurate information about services provided by other organizations and foundations in Jordan.

¶7. By consensus, the participants agreed that coordination of information and activities would improve service delivery, and thus they would better disseminate needs information among organizations. However, there was disagreement among participants as to who should lead the coordination efforts.

¶8. At the end of the workshop, the joint chair agreed to produce a document highlighting recommendations, for circulation to all participating organizations and donors. (Note: The Psychosocial and Mental Health Working Group members include international and national NGOs and UN agencies working in, or interested in working in, psychosocial and mental health. Key members are International Medical Corps, CARE, WHO, International Rescue committee, UNHCR, UNICEF, Terre Des Hommes, Jordan WomenQs Union, French Red Cross, FIDA International, Nippon International Cooperation for Community Development, IFRC, MSF, IRD, ANERA, Relief International, International Catholic Migration Commission, IOM, Mercy Corps, People in Need. End note.)

¶9. Comment: Mission would encourage UNHCR to take responsibility for coordination. This may mean the Country Representative would call on the resources of other UN country team members such as WHO or OCHA. OCHA has resources in Jordan, but these resources support OCHA activities in Iraq.

¶10. Comment continued: USG-funded psychosocial programming already has a significant capacity-building component, which should continue. In meetings with the

AMMAN 00002712 002 OF 002

GoJ, Post will highlight the capacity-building aspect of programming. End comment.

Visit AmmanQs Classified Web Site at
<http://www.state.sgov.gov/p/nea/amman>

BEECROFT